

## General

### Title

Occupational health: percentage of OSHA-covered establishments eligible for inspection that were inspected by OSHA.

### Source(s)

Council of State and Territorial Epidemiologists (CSTE), National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC). Occupational health indicators: a guide for tracking occupational health conditions and their determinants. Atlanta (GA): Council of State and Territorial Epidemiologists (CSTE); 2016 Mar. 145 p.

## Measure Domain

### Primary Measure Domain

Related Population Health Measures: Population Management

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure is used to assess the percentage of Occupational Safety and Health Administration (OSHA)-covered establishments eligible for inspection that were inspected by OSHA.

### Rationale

State health agencies, which are vested with the legal authority to require disease reporting and collect health data, play a central role in public health surveillance. Whereas public health surveillance was once focused primarily on infectious diseases, it has expanded in recent years to include surveillance of a wide range of health outcomes and their determinants, including chronic diseases, injuries and health behaviors (Halperin & Horan, 1998). National statistics on occupational injuries and illnesses have been collected largely outside of the public health infrastructure and rely almost entirely on data reported by employers. State health agencies that have access to a wide variety of public health data systems have

an important role in the surveillance of occupational diseases, injuries and hazards.

The measures of frequency for this indicator may approximate the added health and safety benefits and protections felt by workers as a result of their worksites being inspected.

In 1970, Congress established the Occupational Safety and Health Administration (OSHA). The OSHA mission is to "assure safe and healthful conditions for working men and women by setting and enforcing standards and providing training, outreach, education and compliance assistance." Under the OSHA law, employers are responsible for providing a safe and healthful workplace for their workers. To this end, OSHA targets with inspections workplaces in high-hazard industries and employers with the highest injury and illness rates. Inspections can also be triggered by a fatality, hospitalization of three or more workers, worker complaint or referral (including outside health/safety agency or media). Beginning in 2015, reporting requirements for employers was updated to include all work-related amputations and losses of an eye as well as all hospitalizations of at least one worker, all of which could trigger an inspection as well.

Note: Refer to the OSHA Field Operations Manual on the [OSHA Web site](#)  for comprehensive information about inspections.

## Evidence for Rationale

Council of State and Territorial Epidemiologists (CSTE), National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC). Occupational health indicators: a guide for tracking occupational health conditions and their determinants. Atlanta (GA): Council of State and Territorial Epidemiologists (CSTE); 2016 Mar. 145 p.

Halperin W, Horan JM. Surveillance of injuries. Public Health Rep. 1998 Sep-Oct;113(5):424-6. [PubMed](#)

## Primary Health Components

Occupational health; Occupational Safety and Health Administration (OSHA) inspections

## Denominator Description

Estimated number of establishments under Occupational Safety and Health Administration (OSHA) jurisdiction

## Numerator Description

Total number of Occupational Safety and Health Administration (OSHA) inspections (see the related "Numerator Inclusions/Exclusions" field)

## Evidence Supporting the Measure

### Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

# Additional Information Supporting Need for the Measure

Unspecified

## Extent of Measure Testing

In 1998, the Council of State and Territorial Epidemiologists (CSTE), in association with the National Institute for Occupational Safety and Health (NIOSH), convened the NIOSH-States Occupational Health Surveillance Work Group to make recommendations to NIOSH concerning State-based surveillance activities for the coming decade.

The Work Group recognized the need to pilot test 19 indicators to assess the feasibility of widespread implementation and to develop specific guidance on how to compute the proposed measures. In summer 2002, the five "Core" states with NIOSH Cooperative Agreements to conduct "Core Occupational Health Surveillance" (California, Massachusetts, Michigan, New York, and Washington) agreed to pilot test the indicators and to create user-friendly "how-to" guides so that other states could calculate the indicators.

Subsequent to the initial pilot testing by the five "Core" states, eight additional states (Connecticut, Maine, Nebraska, New Jersey, New Mexico, North Carolina, Oregon and Wisconsin) pilot tested the "how-to" guides. Feedback from these additional states was incorporated into the development of the final "how-to" guides for 19 indicators in November 2004.

Procedures to review, approve, and implement new indicators were developed by the Work Group. In 2013, a fourteenth health effect indicator (*Asthma among Adults Caused or Made Worse by Work*) was developed and pilot tested. The Work Group voted to adopt this as the twenty-first indicator. In 2014, a fifteenth health effect indicator (*Work-Related Severe Traumatic Injury Hospitalizations*) was developed and pilot tested. The Work Group voted to adopt this as the twenty-second indicator.

## Evidence for Extent of Measure Testing

Council of State and Territorial Epidemiologists (CSTE), National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC). Occupational health indicators: a guide for tracking occupational health conditions and their determinants. Atlanta (GA): Council of State and Territorial Epidemiologists (CSTE); 2016 Mar. 145 p.

## State of Use of the Measure

### State of Use

Current routine use

### Current Use

not defined yet

## Application of the Measure in its Current Use

### Measurement Setting

National Public Health Programs

State/Provincial Public Health Programs

## Professionals Involved in Delivery of Health Services

not defined yet

## Least Aggregated Level of Services Delivery Addressed

State/Provincial

## Statement of Acceptable Minimum Sample Size

Does not apply to this measure

## Target Population Age

Does not apply to this measure

## Target Population Gender

Does not apply to this measure

# National Framework for Public Health Quality

## Public Health Aims for Quality

Health Promoting

Population-centered

Risk Reducing

Transparency

Vigilant

# National Strategy for Quality Improvement in Health Care

## National Quality Strategy Priority

# Institute of Medicine (IOM) National Health Care Quality Report Categories

## IOM Care Need

Not within an IOM Care Need

## IOM Domain

Not within an IOM Domain

# Data Collection for the Measure

## Case Finding Period

The calendar year

## Denominator Sampling Frame

Geographically defined

## Denominator (Index) Event or Characteristic

Geographic Location

## Denominator Time Window

not defined yet

## Denominator Inclusions/Exclusions

### Inclusions

Estimated number of establishments under Occupational Safety and Health Administration (OSHA) jurisdiction

### Exclusions

For most states, farms with less than 10 employees are not included. Mines are not covered by OSHA and are not included.

## Exclusions/Exceptions

not defined yet

## Numerator Inclusions/Exclusions

### Inclusions

Total number of Occupational Safety and Health Administration (OSHA) inspections

Note: Refer to the "How-To Guide – Indicator #18" section of the original measure documentation for instructions to calculate the percentage of OSHA-covered establishments eligible for inspection that were inspected by OSHA.

### Exclusions

For most states, farms with less than 10 employees are not included. Mines are not covered by OSHA and are not included.

## Numerator Search Strategy

Fixed time period or point in time

## Data Source

Inspections/Site visits

## Type of Health State

Does not apply to this measure

## Instruments Used and/or Associated with the Measure

Unspecified

## Computation of the Measure

## Measure Specifies Disaggregation

Does not apply to this measure

## Scoring

Rate/Proportion

## Interpretation of Score

Desired value is a higher score

## Allowance for Patient or Population Factors

not defined yet

## Description of Allowance for Patient or Population Factors

Other Available Data: Other indicators can be generated from the Voluntary Protection Program (VPP) or the Safety and Health Achievement and Recognition Program (SHARP), the local emphasis programs and the participants of the 21D consultation program. Other data that can be generated from the inspections include type of violations and penalties, the number of all workers at the work-site inspected, union affiliation, inspection type, local or national emphasis initiatives, inspection and investigation reports by industrial classification and employer's name.

Recommendations: Collaborate with state or regional Occupational Safety and Health Administration (OSHA) office to obtain more detailed information on the above.

## Standard of Comparison

not defined yet

## Identifying Information

### Original Title

18.3 Percentage of OSHA-covered establishments eligible for inspection that were inspected by OSHA.

### Measure Collection Name

Occupational Health Indicators

### Measure Set Name

Intervention Resources for Occupational Health

### Submitter

Council of State and Territorial Epidemiologists - Professional Association

### Developer

Centers for Disease Control and Prevention - Federal Government Agency [U.S.]

Council of State and Territorial Epidemiologists - Professional Association

### Funding Source(s)

Centers for Disease Control and Prevention (CDC)–National Institute for Occupational Safety and Health (NIOSH) Award 2-R01 OH010094-05: Enhancing State-Based Occupational Health Surveillance Capacity

### Composition of the Group that Developed the Measure

Original Work Group Members: National Institute for Occupational Safety and Health (NIOSH)–Council of State and Territorial Epidemiologists (CSTE) Occupational Health Surveillance Work Group

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Christy Curwick, Washington State Department of Labor and Industries

#### Current Occupational Health Indicator (OHI) and Work Group Leads

Marija Borjan, *Co-chair* (State Representative from New Jersey)  
Tristan Victoroff, *Co-chair* (NIOSH Representative)  
Patricia Schleiff, *Co-chair* (NIOSH Representative)  
Amy Patel, *Secretary* (CSTE)  
Kathleen Grattan, *OHI Lead* (State Representative from Massachusetts)

## Financial Disclosures/Other Potential Conflicts of Interest

None

## Adaptation

This measure was not adapted from another source.

## Date of Most Current Version in NQMC

2016 Mar

## Measure Maintenance

Annually

## Date of Next Anticipated Revision

Unspecified

## Measure Status

This is the current release of the measure.

This measure updates a previous version: Council of State and Territorial Epidemiologists (CSTE), National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and



Prevention (CDC). Occupational health indicators: a guide for tracking occupational health conditions and their determinants. Atlanta (GA): Council of State and Territorial Epidemiologists; 2014 Mar. 116 p.

## Measure Availability

Source available from the [Council of State and Territorial Epidemiologists \(CSTE\) Web site](#)

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For more information, contact CSTE at 2872 Woodcock Boulevard, Suite 250, Atlanta, GA 30341; Phone: 770-458-3811; Fax: 770-458-8516; Web site: <https://cste.site-ym.com/> .

## NQMC Status

This NQMC summary was completed by ECRI Institute on January 19, 2015. This NQMC summary was verified by the measure developer on February 25, 2015.

This NQMC summary was updated by ECRI Institute on September 17, 2015. This NQMC summary was verified by the measure developer on October 19, 2015.

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No copyright restrictions apply.

## Production

## Source(s)

Council of State and Territorial Epidemiologists (CSTE), National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC). Occupational health indicators: a guide for tracking occupational health conditions and their determinants. Atlanta (GA): Council of State and Territorial Epidemiologists (CSTE); 2016 Mar. 145 p.

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